

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51	
2		/					52	
3		/					53	
4		/					54	
5		/					55	
6		/					56	
7			5				57	
8			2				58	
9							59	
10	/						60	
11	/						61	
12	/						62	
13	/						63	
14		/					64	
15		/					65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
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24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
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36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	5						TOTAL IND.	
TOTAL DEP.	18						TOTAL DEP.	
TOTAL CLAIMS	23						TOTAL CLAIMS	